STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150163	A. BUILDING _____ B. WING _____	C 12/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT CATHERINE REGIONAL HOSPITAL	2200 MARKET ST CHARLESTOWN, IN 47111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for one (1) State complaint investigation. Complaint number: IN00100296 Substantiated; State deficiency cited related to the allegations Dates of survey: 12/13/11 Facility number: 004975 Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor QA: claughlin 12/16/11	S 000		
S 952	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6(d) (d) Blood transfusions and intravenous medications shall be administered in accordance with state law and approved medical staff policies and procedures. If the blood transfusions and intravenous medications are administered by personnel other than physicians, the personnel shall have special training for these procedures in accordance with subsection (b)(6). This RULE is not met as evidenced by: Based on document review and staff interview, the facility failed to complete blood transfusions according to physician order and facility policy and complete post transfusion documentation according to facility policy for 2 of 7 patients	S 952		

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S 952	Continued From page 1 (patients #4 and #5). Findings include: 1. Review of patient #4 medical record indicated the following: (A) He/she was admitted on 12/3/11 and an order was written on 12/3/11 to transfuse two (2) units of packed red blood cells (PRBC's) each over 4 hours. (B) The first unit was started at 10:35 p.m. on 12/3/11. The transfusion record lacked documentation of the end time, however the post transfusion vital signs were documented at 1:04 a.m. 12/4/11 which would make the transfusion infusing in less than 3 hours instead of the 4 hours per order. The second unit was started at 2:10 a.m. on 12/4/11 and ended at 4:30 a.m. on 12/4/11 which indicated the unit was infused in 2 hours and 20 minutes instead of the 4 hours per order. (C) The transfusion record for the first unit lacked documentation of the end time of the transfusion. (D) The transfusion record for the second unit lacked documentation of the amount infused and the post transfusion vital signs. 2. Review of patient #5 medical record indicated the following: (A) He/she was admitted on 12/3/11 and an order was written on 12/3/11 to transfuse five (5) units of platelets. (B) The transfusion was started at 11:20 p.m. on 12/3/11 and the patient had a spike in temperature and seizure like activity beginning at 12:10 a.m. (C) A discrepancy was noted in the documentation on the infusion record and the narrative nurses notes. Per the narrative nurses	S 952		

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S 952	Continued From page 2 notes, the transfusion was stopped immediately at 12:10 a.m. and the physician was notified, however the transfusion record indicated the end time of the transfusion was 12:44 a.m. 3. Facility policy titled "BLOOD & BLOOD PRODUCT ADMINISTRATION-PLASMA, ALBUMIN, PLATELETS, & CRYOPRECIPITATE" last reviewed/revised 11/11 states on page 1 under policy: "Blood and Blood products will be administered upon a physician's order." and page 5 of same policy states: "18. Post infusion documentation will be completed in section 3, by a Registered Nurse, with the following information: a) Amount of infusion in milliliters (mls); b) Time completed/interrupted; ....." 4. Staff member #2 verified the medical record information above at 3:30 p.m.	S 952		